SECTION			PAGE	STAKEHOLDER COMMENT	KDOA RESPONSE
3.4.1	8	C	8 of 33	States an initial RN evaluation visit is necessary - is this just for new clients or all? Some residents have lived in the facility quite some time before becoming HCBS eligible so the facility is familiar with them and their care needs.	It applies to all customers and if the provider is not familiar with the customer, the nurse eval. would be authorized.
3.4.1	5	C	5 of 28	Can there be a reference added to direct case managers to a place to read the specific regulations so inappropriate tasks are not added to CSW/Poc's?	The TCM will need to work with the operator to ensure tasks are appropriately authorized.
3.4.1	8	C	8 of 33	(Adult Care Homes) Add for clarification - Licensed Care facilities only.	No change
3.5.5	7		7 of 34	. "Upon an agency not being available, these services may be provided by a non-family member through self-direct." - To determine the definition of "non-family" member, do we use the FSM definition o "family" in the general definition section 1.1? If so, any family member NOT residing with the customer would meet the definition of "non-family". Request clarification of "non-family"?	Clarification made
3.5.5	7		7 of 34	Why does an agency not have to be available before someone can choose to self-direct with a non-family member? How many agencies does the TCM have to contact before the self-direct option becomes available? Why can it only be a non-family member that they have an option to self-direct? If there is a family member who does not live in the home, why would the client not have the option to self-direct them? How would "non family member" be defined?	The intent of the original policy was to remove the opportunity of misuse of the self-directed option, however comment has been received that some areas of the state do not have agencies available to serve remote customers.
3.5.6	14	B	14 of 34	Removal of Cost Cap Exceptions. We are in full support of this decision.	Thank you
3.5.6	14	B	14 of 34	This is a good change.	Thank you
3.5.6	14	B	14 of 34	Why have this if not using CCE's	for historical and future reporting needs

SECTION			PAGE	STAKEHOLDER COMMENT	KDOA RESPONSE
3.51	29	B	29 of 34	DELETE - In the event a CCE Request…& C. In the event a CCE Request is in process, the KAMIS records will be transferred within five (5) working days of approval or denial of the KAMIS POC	Change made
3.5	1	D	1 of 2	EFFECTIVE DATING REQUESTS - Please provide clarification as to what method will be used by KDOA to send the approval back to the TCM, should they expect an e-mail or some other form of notification?	No change to policy. The web-app is still a work in progress. An email will be automatically sent to the TCM and a case log entered into KAMIS.
3.5	2	D	1 of 2	EFFECTIVE DATING REQUESTS- DENIAL PROCESS - When the reason for denial is given what method of notification will KDOA use to inform TCM of the denial? Will it be e-mail or another method of communication?	No change to policy. The web-app is still a work in progress. An email will be automatically sent to the TCM and a case log entered into KAMIS.
3.5	2	D	1 of 2	The timing of the EDRs (Effective Dating Requests) is problematic. This was designed to make the plans of care go into effect faster for needs-based changes (i.e. return from the hospital,etc.) but it appears that EDRs would take seven working days, rather than the three day turnaround in the past. If there is an Additional Time Request involved, that would add an additional three working days. The effect on facilities is that they could then be providing a significant amount of additional care without reimbursement.	EDR's do allow services to begin upon the EDR approval. The seven days referenced in the policy is for internal monitoring purposes not approval time.
3.5		5		Can the policy add a very brief description of HOW to submit a request through EDR web application?	No change to policy. The web-app is still a work in progress. This information is not available at this time.
3.5.5	11	D	11 of 34	(If a CCE applies, it) Take out if using ATR's	Change made
3.5		D	1 of 2	In this Effective Dating Requests… should be… Electronic Dating Requests	No change
3.5		F		Feel the 7 day approval process for all plans of care penalizes the client. What about those with just a provider change?	No change

SECTION			PAGE	STAKEHOLDER COMMENT	KDOA RESPONSE
3.5		F	1 of 1	" Statement indicating if an ATR is required or NOT and if required, has been processed." - If an ATR is NOT required, why would we need to include ATR language in the case notes? It seems that ATR language should only be required in the case notes if the POC is connected to an ATR. To require an indication on every POC request whether or not it is an ATR seems to be extra work, when all that is really needed would be to include the ATR indicator ONLY on those POCs with ATR. Similar policy currently does not require "No EDR", "No crisis exception", or "No expedited service" in the case notes.	This statement is needed to facilitate efficient and accurate POC approval due to the approvers not having access to the detail on the CSW.
3.5		F	1 of 1	The last sentence…. Statement indicating if an ATR is required or not and if required, has it been processed. This sentence does not make sense.	Change made
3.5	1	I	1 of 2	Mobility - under the maximum time allowed section can a statement be added to make this dementia diagnosis be a physician documented (i.e. in the facility chart) one or at least include a statement that the person has to have evidenced 3 out of 4 cognition areas on the UAI?	No change. If technical assistance is needed, contact KDOA program administrator.
3.5	1	I	1 of 2	Mobility - doesn't specify that it is for alf residents only; is this for all no matter their living arrangement?	Policy applies to all customers regardless of living arrangements.
3.5	1	I	1 of 2	Again on the CSW, in Mobility, where one-on-one supervision is allowed only if there is a diagnosis of severe dementia or other severe cognitive impairment, severe visual impairment should also be included.	No change
3.5	1	I	1 of 2	Bathing/Grooming--Why was incontinence removed as a reason for addition time? Either add incontinence back or generalize this to be physical limitation or deficit that requires additional bathing frequency or time per occurrence. If the Maximum time for this is 30 minutes max/occurrence, up to 3 times per week – specify this for field reference.	Frequency is no longer limited.
3.5		I	1 of 2	On the Customer Service Worksheet, the removal of incontinence for additional bathing time for more than the allowed three times a week is a significant concern. This happens frequently and should be reimbursed.	Frequency is no longer limited.
3.5	1	I	1 of 2	Accompanying to Medical Appts – if this may not be self directed, please indicate this.	Clarification made

SECTION			PAGE	STAKEHOLDER COMMENT	KDOA RESPONSE
3.5	1	I	1 of 2	Accompanying to Medical Appointments— with regards to the justification reasons given, can there be a statement added to allow exceptions to the statement " no family or friends" to address that there may be family and friends, but they either may not be willing, they may be unable to perform due to work, distance from customer etc?	No change
3.5		I	1 of 2	It seems that potential conflict between case managers assessing using the UAI screen and the facilities' use of the Functional Capacity Screen to determine residents' needs could be avoided by both using the Functional Capacity Screen. Points would need to be assigned to scores, or some other basis of equivalency for scoring, but it seems that it could create an "apples to apples" comparison.	No change . The current UAI is the approved assessment tool. TCM's are trained to review the FCS to identify and follow up with areas of discrepancy.
3.4				Under HMA's you have reporting changes in functioning or condition. This seems administrative, not a task we'd specify on the CSW. NUEVX and MAWMX covers this as well as their expectations as an ALF.	No change
3.5		I		Remove - Bottom of page 3 of 3—indicates a cost cap should be completed, if applicable, but cost caps are going away	Change made
				Submitting ATR's – Add- TCM shall not submit an ATR when the POC is reducing	No change
3.5		I		Not a complete sentence. Should read.. LOC score of 3 or 4 in mobility with no family or friends to provide assistance.	Change made
3.5		I	3 of 3	DELETE - The TCM will then submit a CostCap Exception request, if applicable.	Clarification made
				The definition of Sig change does not match what our regulation for sig change. I believe that these should match. The facilities will be required to capture very subtle changes and provide care accordingly.	No change

SECTION			PAGE	STAKEHOLDER COMMENT	KDOA RESPONSE
3.5				Short stay does not specifically state Assisted Living only Nursing Facilities	No change
				In the previous manual a break down of what constitutes Level 1 Level 2 and level 3 was spelled out, I saw the max $ for each level. The other issue is the rate of pay for units not in this field manual, but in the previous (this document may or may not be all inclusive).	Please see FSM 3.4.2
				Unable to find the rate of pay for TCM's in this document	Please see FSM 3.1.10.C
3.5			8 of 33	On a positive note, I did see that the TCM is to review our documents and also sign them. I started having my facilities have the TCM sign the NSA, so that we have record that they agree with our POC.	Thank you
				The Draft manual has cut off on the right side some of the information Reasons for Additional Time , Pg 74 and 75. Specifically the Accompanying to Medical Appts, Bathing/grooming Question regarding Bathing and Grooming (If you take out the incontinence requires bathing more that 3 time a week, Does this mean that Maximum time allowed is 30 min per occurrence? What if the person needs additional time for grooming? Bath in the morning, then clean up in the evening. This is two different occurrences therefore could be more than 30 min in a day required for some customers. Please clarify. thanks	Clarification made to include 30 min. maximum per day.